

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William Calfas & Karin A. Calfas  
 Serial No.: Filed herewith  
 Filed: Filed herewith

For: CARRIER FOR A PHYSICALLY  
 CHALLENGED PERSON

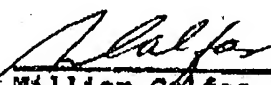
Pacific Palisades, California

## DECLARATION OF WILLIAM CALFAS

I am 72 years of age as of this date. I make this declaration in support of a petition to make the above-identified patent application special in the United States Patent and Trademark Office.

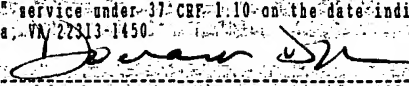
The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of this application or any resulting patents, declares that his statements herein are true.

Dated: 7-3-03

  
 William Calfas

EVO120621,808

7 July 03

"Express Mail" mail label Date of Deposit  
 I hereby certify that this paper or fee is being deposited with the United States Postal Service Express Mail Post Office to  
 Address service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450,  
 Alexandria, VA 22313-1450.  
  
 Donal D. Non Reg. No. 18,255

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5198
First Named Inventor	William Calfas
<b>COMPLETELY KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CARRIER FOR A PHYSICALLY CHALLENGED PERSON**

the specification of which

(Title of the invention)

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number of PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 355(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto.
NONE		

(Page 1 of 2)

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Donald D. Hon

Reg. No. 18,255

Please type a plus sign (+) inside this box ☐

PTO/BA/01 (12-97)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35 U.S.C. 122 of any PCT International application designating the United States of America, filed before and prior to the filing date of this application or not disclosed in the prior United States or PCT International application in the manner provided by the last paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is required to claim priority to claims in 35 U.S.C. 120 which becomes available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
NONE		

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/BA/02B attached hereto.

As a named inventor, I hereby affirm the following registered practitioner(s) is/are practicing the profession and is/are listed in the Patent and Trademark Office approved directory:

<input type="checkbox"/> Customer Number	<input type="checkbox"/> Registered practitioner(s) name(s) and/or registration number listed below
--	---

Name	Registration Number	Name	Registration Number
Donald D. Mon	18,255		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/BA/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Donald D. Mon		
Address	750 East Green Street, Suite 303		
City	Pasadena	State	Calif. ZIP 91101
Country	United States	Telephone	(626) 793-9173 Fax (626) 793-9690

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information are made on a belief to be true and further that these statements were made with the knowledge that false statements and the like so made are punishable by law or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application of any patent issued hereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (First and middle if any)	Family Name or Surname
William	CHENG

Inventor's Signature	Date		
<i>William Cheng</i>	7-5-03		
Residence City	State	Country	City
Pacific Palisades	CA	U.S.A.	California
Post Office Address	835 Toulon Drive		
City	State	ZIP	Country
Pacific Palisades	Calif.	90272	U.S.A.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BA/02A attached hereto

Please type a plus sign (+) inside this box: ☐

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Karin	Middle Initial	A.	Family Name	Calfas	Suffix e.g. Jr.	
Inventor's Signature	Karin A. Calfas				Date	7-3-03	
Residence: City	Pacific Palisades	State	CA	Country	United States		Citizenship US
Post Office Address	835 Toulon Drive						
Post Office Address							
City	Pacific Palisades	State	CA	Zip	90272	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							